

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

10/24/2019

Document Number:

402220576

Off-Location Flowline

The Flowline Report, Form 44, shall be submitted to register, report realignment, report removal from service, or report abandonment of Off-Location Flowlines, Produced Water Transfer Systems, Domestic Taps, or Crude Oil Transfer Lines as required by the 1100 Series Rules. The Form shall also be submitted to report Grade 1 Gas Leaks from Flowlines per Rule 1104.k.

Operator Information

OGCC Operator Number: 10633 Contact Person: Schuyler Hamilton
Company Name: CRESTONE PEAK RESOURCES OPERATING LLC Phone: (303) 7744017
Address: 1801 CALIFORNIA STREET #2500 Email: schuyler.hamilton@crestonepr.com
City: DENVER State: CO Zip: 80202
Is the Operator a Tier One member of the Utility Notification Center of Colorado (CO811) that participates in Colorado's One Call notification system? Yes ☒ No ☐

OFF LOCATION FLOWLINE

FLOWLINE ENDPOINT LOCATION IDENTIFICATION

Location ID: 336403 Location Type: Production Facilities
Name: SPRAGUE-62N67W Number: 9NWNE
County: WELD
Qtr Qtr: NWNE Section: 9 Township: 2N Range: 67W Meridian: 6
Latitude: 40.157077 Longitude: -104.891933

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473304 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION

Flowline End Point Riser

Latitude: 40.157341 Longitude: -104.892180 PDOP: 1.1 Measurement Date: 08/27/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 311425 Location Type: Well Site ☐ No Location ID
Name: SPRAGUE-62N67W Number: 9SENE
County: WELD
Qtr Qtr: SENE Section: 9 Township: 2N Range: 67W Meridian: 6
Latitude: 40.154577 Longitude: -104.887703

Flowline Start Point Riser

Latitude: 40.154668 Longitude: -104.887536 PDOP: 1.1 Measurement Date: 08/27/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 01/29/2000
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

FLOWLINE FACILITY INFORMATION

Flowline Facility ID: 473305 Flowline Type: Wellhead Line Action Type: Registration

OFF LOCATION FLOWLINE REGISTRATION**Flowline End Point Riser**

Latitude: 40.157348 Longitude: -104.892175 PDOP: 1.1 Measurement Date: 08/27/2019
Equipment at End Point Riser: Separator

Flowline Start Point Location Identification

Location ID: 336136 Location Type: Well Site ☐ No Location ID
Name: SPRAGUE MULTI WELL PAD - NENE Number: 6-0-9
County: WELD
Qtr Qtr: NENE Section: 9 Township: 2N Range: 67W Meridian: 6
Latitude: 40.158150 Longitude: -104.888220

Flowline Start Point Riser

Latitude: 40.158391 Longitude: -104.888141 PDOP: 4.4 Measurement Date: 08/27/2019
Equipment at Start Point Riser: Well

Flowline Description and Testing

Type of Fluid Transferred: Multiphase Pipe Material: Carbon Steel Max Outer Diameter:(Inches) 2.000
Bedding Material: _____ Date Construction Completed: 03/01/1999
Maximum Anticipated Operating Pressure (PSI): _____ Testing PSI: _____
Test Date: _____

OPERATOR COMMENTS AND SUBMITTAL

Comments

Sprague 41-9 12319737_FL registration
Sprague 42-9 12319873_FL registration

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: _____ Date: 10/24/2019 Email: costin.mcqueen@crestonepr.com

Print Name: Costin McQueen Title: Geologist

Based on the information provided herein, this Flowline Report complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: 3/13/2020**Attachment Check List**

Att Doc Num**Name**

402220576

Form44 Submitted

Total Attach: 1 Files